

(Please print or type)



CH2MHILL

SUPPLIER REGISTRATION FORM

Mail or fax form to: CH2M HILL Mound, Inc.

ATTN: '_____', Procurement, P.O. Box 3030, Miamisburg, OH 45343-3030

Phone #(937) 865-3719 Fax #(937) 865-3816

CHECK ONE: ☐ Add new supplier ☐ Change supplier information

DATE:

SUPPLIER NAME:

BUSINESS STREET ADDRESS:

SUPPLIER REMITTANCE (PAYEE) ADDRESS (If different from business address):

CONTACT PERSON & TITLE:

PHONE NO.:

FAX NO.:

E-MAIL:

NAME OF HEAD OF ORGANIZATION (This information is mandatory):

(Please circle appropriate title - no others are acceptable): PRESIDENT CEO DIRECTOR PARTNER SOLE PROPRIETOR

STREET ADDRESS (If different from above):

PHONE NO.:

FAX NO.:

E-MAIL:

ANNUAL SALES \$:

NUMBER OF EMPLOYEES:

TAX ID NO.:

DUN & BRADSTREET NO.:

VISA CREDIT CARD / MASTERCARD ACCEPTED?:

☐ Yes

☐ No

BUSINESS CATEGORY: _____ Manufacturing _____ Service _____ Distribution _____ Joint Venture
(check all that apply) _____ Corporation _____ Partnership _____ Sole Proprietorship

STATE OF INCORPORATION, IF
INCORPORATED:

PRINCIPAL PLACE OF BUSINESS:

BUSINESS SIZE STANDARD:

(In accordance with Federal Acquisition Regulation (FAR) Part 19.102)

CHECK ALL THAT APPLY:

Small Disadvantaged Business Certification Date: _____

_____ Large Business

_____ Veteran Owned Small Business

_____ Small Business

_____ Service Disabled Veteran owned Small Business

_____ Woman-Owned Small Business

_____ Historical Black College and Universities

_____ 8(a) Certification Date _____

_____ Non-Profit Organization (type) _____

_____ Hubzone, Small Business

_____ Government Agency

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE INFORMATION:

(For on-line NAICS Code Information: https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm)

SIX-DIGIT NAICS CODE AND DESCRIPTION

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1.

3.

2.

4.

BY SIGNING THIS FORM I CERTIFY THE ABOVE INFORMATION IS TRUE, CORRECT AND ACCURATE.

*SIGNATURE:

DATE: